

Entered - 07/18/00 - sb
CL00L0435 - DIANNE C. MITCHELL

CLAIM OF: **ANDREW SO**
3283 Clearview Drive
Marietta, Georgia 30060

01-*R*-0275

For damages alleged to have been sustained as a result of a vehicular
accident on May 6, 2000 at Boulevard Drive and Hamilton Avenue.

THIS ADVERSED REPORT IS APPROVED

BY:



ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

Robert, Chas, DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0435

Date: February 12, 2001

Claimant /Victim ANDREW SO

BY: (Atty) _____

Address: 3283 Clearview Drive, Marietta, Georgia 30060

Subrogation: Claim for Property damage \$ Bodily Injury \$ Not stated

Date of Notice: 06/23/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 05/05/00 Place: Boulevard Drive, SE and Hamilton Avenue, SE

Department Public Works Division: Solid Waste Services

Employee involved Carl M. Aaron Disciplinary Action: No Action Taken

NATURE OF CLAIM: The claimant alleges that the driver of the City vehicle changed lanes improperly and collided with the claimant's vehicle causing him to be injured. However, the claimant has failed to furnish proof of his damages to substantiate his claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

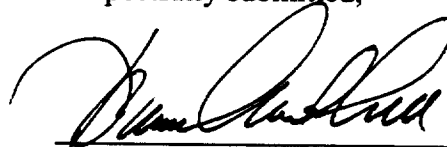
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

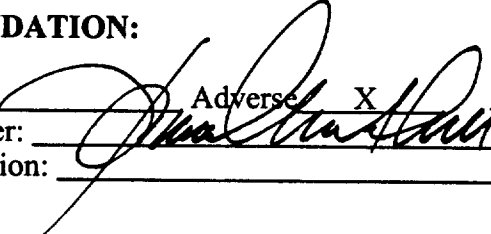
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 02 12 01

Committee Action: _____ Council Action _____

Mitchell
07/18/00
du

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
68 Mitchell Street, S.W.
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

TODAY'S DATE: _____

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ (pending) property and/or \$ (pending) bodily injury for which I contend the City is liable.

ENTERED - 7-18-00 - SB

1. Date of incident: May 6 2000 2. Police called ☒ (yes) ☐ (No)
(month day year)
3. Location of incident: Boulevard
4. Name of your insurance company GEICO Policy # 6834830
5. State what and how incident occurred: I was driving southbound on the

right hand lane on Boulevard DR. A short distance after the Atlanta Zoo,
my car was hit at the left rear end by an Atlanta City Sanitation truck

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. (use other side if necessary) (OVER)
FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT
IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages.
Complete the following and attached two (2) estimates of repair.

Your vehicle: Toyota-AVALON (XLS) '97 702JEK ANDREW SO
(make) (year) (tag#) (driver's name)

City vehicle: International Carl Aaron Public Works
(make) (driver's name) (department)

8. Witness: _____
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED
IMMEDIATELY TO THE ADDRESS
SHOWN ABOVE

Andrew So (SEAL)
Andrew So (claimant)
3283. Clearview Drive
(address)
Marietta, Georgia 30060
(city) (state) (zip)
(770) 432-8191
(home) (phone) (work)

REV 01-2-0275
2/84 JWP